

**COUNTY PREVENTION AND TREATMENT PROGRAM COST REPORT
INSTRUCTIONS FOR PREPARATION
COST REPORT WORKSHEETS
FY 2000-01**

ADP Form: 01-7885

NOTE: The “FY 2000-01 DMC Cost Report Forms” diskette contains the file that includes the formulas for the various worksheets. Worksheets are created within the single file (01-7885). The worksheets are specific to the Year-End Claim for Reimbursement, Summary Pages, or specific to the Modality. The area to enter program and funding information is highlighted in “Light Yellow”. Do not enter information in the cells where a “0” or “#DIV/0!” is located. These areas will automatically be calculated.

Use these worksheets as a tool for completion of the pre-programmed diskette. They are not to be submitted to ADP as part of the Cost Report package.

Sheets 7885C through 7885I – INSTRUCTIONS

GENERAL Use a separate column for each provider, for each facility, and service provided.

LINE INSTRUCTIONS:

- Enter the provider name.
- Enter the 6-digit provider code (assigned by ADP).
- Enter the 1 or 2 digit program code.
- Enter the 2-digit service code of the service provided
- Enter the applicable miscellaneous Unit. They are:
 - Program 12: Mentor Hours
 - Service Code 33: # of Group Visits and Group Sessions
 - Service Code 34: # of Individual Sessions
 - Service Code 48: Group Sessions, Individual Sessions, Methadone Doses, Methadone Milligrams, LAAM Doses, and LAAM Milligrams
- Line 91: Enter the provider’s total actual cost.
- Line 91b: Enter the total number of units of service as it pertains to program code and service type for each provider, each facility, and each service.
- Line 91c: Enter the cost per unit of service, divide Line 91 by Line 91b.
- Line 40 through 89a: Enter the actual costs funded for the specific funding for each line that is applicable.
- Line 90a: Enter any unexpended State General Funds from prior fiscal years – expend in this cost report year.
- Line 93: Enter the total amount of excess fees accrued in cost report year to be carried over to the next fiscal year.
- Line 94: Enter the amount of Federal Catalog number 93.959 funds, for each provider, for alcohol services.
- Line 96: Enter the amount of Federal Catalog number 93.959 funds, for each provider, for drug services.
- Line 97: Enter profit collected through participant fees not to exceed 10% of the total collected.
- Line 98: Enter the total amount of excess DUI profit accrued in cost report year and carried over to the next fiscal year. Excess DUI profit is defined as profit that exceeds 10% of revenue from total participant fees.

NOTE FOR LINES 94 AND 96: The amounts must equal the sum of the amounts in Lines 45, 50, 50a, 50b, 50c, 51, 52 and 56.

Sheet 7885 – Year-End Reimb. and Sheets 7885A and 7885B (Summary Pages – 1 and 2)

These sheets are set up for automatic calculation from the various modality worksheets.

COLUMNS INSTRUCTIONS: These are automatically calculated.